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7590

05/05/2004

NIXON & VANDERHYE, PC 1100 N GLEBE ROAD 8TH FLOOR ARLINGTON, VA 22201-4714



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/022,414	12/20/2001	Mikio Ishihara	461-40	5007

TITLE OF INVENTION: EXHAUST GAS PURIFICATION FILTER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	3	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	NO \$1330		\$300			08/05/2004
EXAM	MINER	ART UNIT	Γ	CLASS-SUBCLASS			
LAWRENCE	JR, FRANK M	1724		055-309000	-		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name		NIXON	V & VANDERHYE PO	
PTO/SB/47; Rev 03-02 Number is required.	or more recent) attached. Us	e of a Customer	will be pri		d, no name 3_		.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
DENSO, COPPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TADAM

DENSO CORPORATION	JALAN			
Please check the appropriate assignee category or	categories (will not be printed on the patent);	☐ individual	D corporation or other private group entity	☐ government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
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Advance Order - # of Copies	The Director is he Deposit Account Num	reby authorized	by charge the required fee(s), or credit any -1140 (enclose an extra copy of this	overpayment, to form).
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